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PATENT APPLICATION . DETERMINATION RECORD Effectly: catober 1, 1997													
CLAIMS AS FILED - PART (Column 2)								SMALL ENTITY TYPE			OTHER THAN. OR SMALL ENTITY		
FOR			NUMBI	ER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE
BAS	IC FEE									395.00	OR		790.00
TOT	AL CLAIMS		/ minus 20 ≠			•			x\$11=		OR	x\$22=	
INDEPENDENT CLAIMS			minus 3 =						x41=	· · · ·	OR	x82=	
MULTIPLE DEPENDENT CLAIM PRESENT]	+135=	44		+270=		
* ##	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		
.:	CLAIMS AS AMENDED - PART II								TOTAL	*	OR	TOTAL	
	,	(Colu	nn 1) (C			olumn 2)				ENTITY -	OR	OTHER SMALL	R THAN ENTITY
ENT A		CLA REMA AFT AMENI	INING ER		NI PRE	GHEST UMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
D	Total	•		Minus	**.		=	l F	x\$11=	11.00 m	OR	x\$22=	
AMENDMENT	Independent	•	i [†]	Minus	***	•		 	x41=		OR	x82=	
•	FIRST PRES	SENTAT	ION OF	MULTIPLE	DEPE	NDENT CL	AIM		+135=		OR	+270=	
									TOTAL DDIT. FEE		OR ,	TOTAL	
	· · · · · · · · · · · · · · · · · · ·	(Colur CLA	nn 1) IMS			olumn 2) GHEST	(Column 3)	 ۱. ۲	/// FEE [<i>j</i> 	VODIT. FEE	
DMENT B		REMA AFT AMENC	INING ER	-	NI PRE	JMBER VIOUSLY JID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• .		Minus	, **	,	***		x\$11=		OR	x\$22=	
AMENI	Independent	*		Minus	***		-		x41=		OR	x82=	·
` .	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
(Column 1) (Column 2) (Column 3)						A.	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
AMENDMENT C		CLA REMA AFT AMENO	INING ER		PRE	GHEST UMBER VIOUSLY LID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	••		=		x\$11=		OR	x\$22=	
	Independent	•		Minus	***		=]	x41=		OR	x82=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=								OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.								A ound	DOIT, FEE	priate box in		ADDIT FEE	ý

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Application or Docket Number

PATENT APPLICATION FEE	DETERMINATION RECORD
Effective Oc	tohar 1 2000

Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR	OTHER SMALL	
T	OTAL CLAIMS					Sec. 1			FEE	1	RATE	FEE
F	OR .		NUMBER	FILED	 	BER EXTRA		RATE BASIC F		1_		A 22 A
To	OTAL CHARGE	ARIF CLAIMS	 			NUMBER EXTRA				OR		0.00
-		·	/ mir	nus 20=	•			X\$ 9=		OR	X\$18=	252
<u> </u>	DEPENDENT C			nus 3 =	-			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		
									L	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
A		CLAIMS	10 m	HIGH	EST	ST	ſ		ADDI-	1 1		ADDI-
		AFTER AMENDMENT		PREVIC	USLY .	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
Manage of the second	Total	AMENDMENT	Minus	PAID I	-OH		ŀ		FEE			FEE
AMENDMENT	Independent		Minus			= -	ŀ	X\$ 9=		OR	X\$18=	
A		NTATION OF MU	JLTIPLE DEPENDENT CLAIM				·L	X40=		OR	X80=	
The state of the s								+135=		OR	+270=	ata 1
								TOTAL		OP.	TOTAL	
ADDIT FEEOH ADDIT FEE												
AMENDMENT B		CLAIMS REMAINING AFTER		HIGHI NUME	EST BER	PRESENT	ſ	RATE	ADDI- TIONAL	- A - A	DATE	ADDI-
		AMENDMENT		PREVIO PAID I		EXTRA		HAIE	FEE		RATE	TIONAL FEE
Ž	Total		Minus	Andrew Green Toronto Carlot		=		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus .	^		=	ŀ	X40=		,	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,70-		OR	7002	
				•		various?	L	+135=		OR	+270=	
	· 9. 1	4			A	TOTAL DDIT. FEL		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colun		(Column 3)						
T C.		CLAIMS REMAINING AFTER	Po AL	HIGHI NUME PREVIO	BER :	PRESENT	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
MEN	er jege	AMENDMENT	SAME SERVICE	PAID		EXTRA		·	FEE		DATE	FEE
<u>Q</u>	Total	•	Minus	***		=		X\$ 9=		OR.	X\$18=	
AMENDMENT	Independent	•	Minus	•••		= ,		X40=			X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		 		-	OR		
.•1	.* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+135=		OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE										ga siling		
	The "Highest Num	ber Previously Pai	d For (Total or	Independe	ent) is the	highest number						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1